



HUMAN RESOURCES DEPARTMENT
ONE CITY HALL PLAZA
MANCHESTER, NH 03101-4000
Tel: (603) 624-6543 TTY/Voice

EMPLOYMENT APPLICATION
CITY OF MANCHESTER NH
EQUAL OPPORTUNITY EMPLOYER
Fax: (603) 628-6065

NAME: _____
ADDRESS: _____
CITY/STATE: _____
ZIP: _____

DATE: _____
PHONE: _____
SS#: _____

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment to all persons without regard to race, color, religion, age, sex, national origin, disability, marital or veteran's status or any other legally protected status.

Position Title:

_____ Full-time _____ Part-time _____ Temporary _____

Are you at least 18 years of age? Yes _____ No _____ Are you a US citizen? Yes _____ No _____

If not, do you have the legal right to work in the US? Yes _____ No _____

Have you ever worked for the City of Manchester? Yes _____ No _____ If yes, When? _____

What Department? _____ Supervisor _____

Are you currently employed? Yes _____ No _____ Why do you wish to change positions? _____

TYPE OF SCHOOL	NAME AND ADDRESS OF SCHOOL	COURSE MAJOR	CIRCLE LAST COMPLETED YR	GRADUATE?	LIST DEGREE
HIGH SCHOOL			9 10 11 12	<input type="checkbox"/> Y <input type="checkbox"/> N	
TRADE/TECHNICAL			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
COLLEGE			1 2 3 4	<input type="checkbox"/> Y <input type="checkbox"/> N	
POST GRADUATE			5 6 7 8	<input type="checkbox"/> Y <input type="checkbox"/> N	

Provide additional information such as special skills, equipment operation, languages, supervisory experience, training or other qualifications helpful to us in considering you for this position.

List volunteer experience you have as it relates to this position.

Agency Name _____ From _____ To _____

Address _____ Hours per week _____

Duties _____

Have you ever been convicted of any crime/s that were not annulled in a court? (List all except minor traffic violations such as parking tickets) Yes _____ No _____ If yes, state citations, dates, courts and places where offense/s occurred _____

Valid Motor Vehicle Operator's License? Yes _____ No _____ What State? _____

Do you possess a Commercial Driver's License? Yes _____ No _____ Which? _____ What State? _____

List other valid licenses, registrations or certificates you possess _____

PRIOR WORK RECORD (start with most recent or current employer and work back at least ten years). Resumes may be attached, but not in lieu of completing this section. If more space is needed, complete and attach a separate page.

Current Employer _____ Tel. # _____ Part time ____ Full Time ____
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____

_____ Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time ____ Full Time ____
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____

_____ Reason for leaving _____

Previous Employer _____ Tel. # _____ Part time ____ Full Time ____
Address _____ Date Hired _____ Date Left _____
Supervisor (Name/Position) _____ Number of People You Supervise _____
Job Title _____ Duties _____

_____ Reason for leaving _____

Have you ever been discharged or asked to resign from any job? Yes ____ No ____ Explain _____

APPLICATION AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between the City of Manchester and myself for either employment or for the providing of any benefit. No promises regarding employment have been made to me. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the City of Manchester retains the same right.

I understand that prior to being offered employment with the City of Manchester, I may be requested to take pre-employment exams or tests. I understand that I will be required to pass a physical which may include alcohol and/or drug testing. In the event I have a disability which will affect my ability to take the test, I will so inform the city of Manchester prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The city of Manchester reserves the right to require medical documentation concerning the need for the accommodation. I understand that if employed, policies and rules which are issued are not conditions of employment and that the City of Manchester may revise policies or procedures, in whole or part, at any time.

SIGNATURE _____ DATE _____

HR DEPT. USE ONLY
REVIEWED BY:
DATE

City of Manchester
Department of Human Resources
One City Hall Plaza
Manchester, NH 03101

RELEASE FORM-EMPLOYMENT REFERENCES

DATE _____

Your name _____

Address _____

I authorize my current and/or previous employer/s to furnish the City of Manchester the information requested in the reference check that they may conduct. I further promise to hold said current and/or previous employers, its employees and officers harmless for any statements made herein.

Social Security number _____ Signature _____

Please check:

☐ Yes I authorize the City of Manchester to contact my **former** employer to obtain data necessary to support this application.
☐ No

☐ Yes I authorize the City of Manchester to contact my **present** employer to obtain data necessary to support this application.
☐ No

Applicants for summer temporary employment, or no job experience at all, must provide the names of two personal references whom we may contact regarding you (e.g., teachers, guidance counselors, or others):

Name _____
Position _____
Employed by _____
Phone # _____

Name _____
Position _____
Employed by _____
Phone # _____



City of Manchester

Human Resources Department

One City Hall Plaza
Manchester, New Hampshire 03101

Tel: (603) 624-6543
Fax: (603) 628-6065

JOB APPLICATION SUPPLEMENT

(voluntary)

The following information is being gathered by the City of Manchester, NH, Human Resources Department for Equal Employment Opportunity reporting requirements. The statistical information we obtain through the use of this form is valuable to us and will remain confidential. This information **will not** be sent with your application to a City Department.

The City of Manchester, NH, does not discriminate on the basis of age, race, color, creed, religion, sex, national origin, disability or marital status.

PLEASE RESPOND TO THE FOLLOWING QUESTIONS:

1. Sex ☐ Male ☐ Female
2. Date of Birth: _____
Month/Day/Year
3. List the position for which you are applying: _____
4. Racial/ethnic data: Please identify yourself in terms of the racial/ethnic groups listed below by checking the appropriate box:

<input type="checkbox"/> Black	<input type="checkbox"/> American Indian or Alaskan Native
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian or Pacific Island
<input type="checkbox"/> White	<input type="checkbox"/> Other (Specific) _____
5. How did you hear about this job? _____
6. If you saw this position advertised, tell us where you saw the ad: _____
7. Name: _____
Address: _____

StreetCity, Statezip

Phone: _____ Date: _____